



# Inspection Report on

**Maes Y Bryn**

**Treharris**

## **Date Inspection Completed**

24/05/2023

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## About Maes Y Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	25 <sup>th</sup> November 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People indicate they receive positive care from Maes Y Bryn. Detailed personal plans offer staff direction on the care required and are routinely reviewed. The administration and storage of medication is secure. Risk assessments and monitoring charts support people to remain as safe and well as possible. People have opportunities to engage in a wide range of activities of their choosing and a committed team of staff offer flexible person led support.

Recruitment checks are in place to ensure staff are suitable and sufficiently skilled. Ongoing supervision and training is offered and staff tell us they are happy working for the service. Policies are comprehensive and up to date and adequate staffing levels are in place. People are cared for in a safe, secure, and well-maintained environment. The responsible individual (RI) has ongoing oversight over the service and there are measures in place to assess the quality of care provided.

## Well-being

The service encourages choice and decision making. Evidence shows routines and preferences are respected and people are able to make choices around the structure of their day. People or their relatives are regularly supported to participate in the review process. The service supports people to spend time engaging in activities of their choosing. Meals are tailored to individual tastes and mealtimes are flexible. People are supported to make choices around their environment particularly their bedrooms. Regular house meetings enable people to provide feedback on their experiences. The RI gathers feedback from people and relatives to ensure care is provided in a way they like.

People's overall wellbeing is considered. A range of personalised plans and risk assessments centre on individual outcomes and provide staff with an understanding of how care should be provided. Individual strengths are recognised and developed upon. Medication is recorded, stored, and administered safely and people attend regular health appointments to support their overall health and wellbeing. Relationships with family members and friends are supported and people benefit from accessing the community, group sessions and holidays. The environment is well maintained and clutter free, communal areas and people's bedrooms are clean and warm.

Potential areas of harm or risk are considered. Staff are safely recruited and benefit from ongoing training to ensure they remain sufficiently skilled. A range of up to date policies support good practices and action is taken by the service to ensure the provision of positive care. Safeguarding referrals are made in a timely manner and staff tell us they understand their roles in protecting people. Routine supervision provides staff with ongoing support and direction. The environment is well maintained and secure from unauthorised access. Staffing levels are of a good standard and six monthly quality of care reports consider what the service does well and any improvements needed.

The service provider considers the Welsh Active Offer. The service employs some Welsh speaking care staff who could work directly with people who wish to receive care through the medium of Welsh. Consideration is given to providing Welsh language documentation.

## Care and Support

People can meaningfully occupy their day and are happy with the support they receive. Documents evidence people attend a wide range of planned one to one and group sessions. Staff confirm people have regular access to the community and arrangements are flexible dependent on the persons wishes on the day. One person told us how they enjoyed regular day trips, visited the local café, had regular contact with family members and attended day service sessions. We saw people receive assistance to maximise their independence with staff encouraging decision making around meals, clothing choices, and daily tasks. The service understands the importance of people maintaining relationships with family and friends and we saw evidence people benefit from regular contact. On the day of inspection, we saw people appear relaxed and happy engaging with staff and one person told us *"I like staff"*.

The service promotes people's overall wellbeing. Plans we sampled outline peoples physical and emotional needs and provide staff with guidance on how to promote positive outcomes. Documents detail what people can do for themselves, outline individual outcomes, and provide least restrictive strategies to manage any potential risks. Reviews identify any changes or achievements made and ensure plans remain up to date. We saw capacity and decision making is considered and advocacy support is available when required. We found evidence referrals are made to health and social care professionals and appointments are attended. Wellbeing is monitored through a number of assessment tools which help staff track progress and record any changes. Experienced staff we spoke with know people well and are aware of how best to support individuals.

The service has safe systems in place for managing medication. We saw medication kept in a secure cabinet in a locked room. Medication administration records are accurate and we saw evidence of regular audits. As and when required medication (PRN) is appropriately administered in line with guidance. To ensure medication is stored at the correct temperature, medication room temperatures are checked and recorded daily. Staff told us they feel confident in the management and administration of medication and on the day of inspection we observed safe medication practices.

## **Environment**

People live in accommodation which meets their needs. The layout, design and facilities at the service consider individual needs. Bedrooms are decorated to reflect individual interests and staff consider each person's sensory needs when decorating bedrooms and communal areas. On the day of inspection, the service appeared nicely decorated, comfortable and clean.

The service is safe and well maintained. Visitors are requested to sign a visitors' book on arrival and professional identities are checked by staff. Sensitive information and care documentation are stored securely to ensure people's privacy is upheld. The building benefits from regular servicing of various utilities and fire safety equipment. A fire risk assessment and Personal Emergency Evacuation Plans (PEEPS) are in place in the event of an emergency and care staff undertake routine fire drills.

## **Leadership and Management**

The service benefits from positive leadership and management. The staffing structure for the service is clear and all staff we spoke with understand their roles and responsibilities. Staff rotas and staff we spoke with confirm there are sufficient staffing in place to provide the level of support people require. We viewed a range of policies and procedures and found these to be up to date and robust. Reports provided evidence the RI visits the service on a regular basis and maintains sufficient oversight. Quality assurance reports are completed every six months to consider the quality of services provided and any areas that require further development.

Positive training and recruitment measures are in place. The provider ensures staff working at the service are fit to do so through pre-employment checks. We found evidence staff have up to date DBS checks and are registered with the workforce regulator Social Care Wales (SCW). The training records we viewed show staff complete a range of mandatory and specialist training relevant to the people they support. The management team have a good oversight over training completed by staff and staff told us they feel sufficiently trained to provide care.

Staff are happy working for the service and feel supported. Staff we spoke with told us team morale is very good and the staff team work well together. They report the service is well managed and the newly appointed manager and long standing deputy manager are both visible and supportive, comments include:

*“Absolutely amazing manager”*

The manager *“Listens, has a great approach with people and staff”*

*“It’s lovely here” “We (staff team) all work well”.*

*“I could never work anywhere else I love it here”.*

Team meetings are held to discuss and share key information and enable the management team to provide updates on any changes. The supervision matrix shows supervision is provided regularly giving staff an opportunity to discuss practice issues, personal development, or any concerns. Staff told us they feel confident in raising any issues with the management team and fully understand their safeguarding responsibilities.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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